

PLACE OF BIRTH
County of Florence
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
4113

City of Florence Registration District No. 20-A Registered No. 78
(For use of Local Registrar)
City of Florence (No. 7056 Day St. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
1. Full Name of Child Luella Manetta Smith If child is not yet named, make supplemental report as directed

1. BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH Feb. 12, 22
(Name of Month) (Day) (Year)

FATHER.

1. FULL NAME Clifton Smith
2. PRESENT POSTOFFICE OF FATHER Florence S.C.
3. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)
4. BIRTHPLACE Birmingham Ala
5. OCCUPATION at S. Clerk
6. Number of children born to mother, including present birth 1

MOTHER.

1. NAME BEFORE MARRIAGE Ruth Manetta Pittman
2. PRESENT POSTOFFICE OF MOTHER Florence S.C.
3. COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)
4. BIRTHPLACE Carlisle S.C.
5. OCCUPATION Domestic
6. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6-44 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. J. H. S.C.

Given name added from a supplemental report

to G.O. # 6737

filed 3/21/74

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3-9-22 (28) C. C. G. H. D. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the pregnancy.